## L19000235048

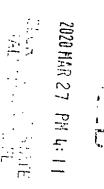
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O SIMMONS APR 0 8 2020

## **COVER LETTER**

.

TO:

**Registration Section** 

**Division of Corporations** 

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter		
	Carlos Nunez		
		Name of Person	***************************************
	The Visual Treat Marketin	g	
		Firm/Company	<del></del>
	21001 San Simeon Way		
		Address	
	North Miami FL, 33179		
		City/State and Zip Code	<del></del>
	nunec6@gmail.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Carlos Nunez		407 496-3561 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	ation
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	•	The Centre of	-
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now a	opears on our records.)
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	nny)
The Articles of Organization for this Limited Liability Company were filed o	n 3/24/2020 and assigned
lorida document number L19000235048	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	y here:
	2020
he new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "LLC"  2020
Enter new principal offices address, if applicable:	2
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	·
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on orgent and/or the new registered office address here:	ur records, <u>enter the name of the new register</u>
generalization includes regional control and a soo here.	
Name of New Registered Agent:	
New Registered Office Address:	
	r Florida street address
	, Florida
	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Carlos Jules Nunez	10264 Oak Crest Rd	<b>≣</b> Add
		Orlando FL, 32829	□ Remove
			Change
			\ \_Add
			Remove
	···		□[Àdd ;
			☐Remove.
			☐ Change
	<del></del>		
			□Remove
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing of	(optional)	030
e: If the date inserted in this block does not meet the applicable statutory f	Tling requirements, this date will not be liste	:d a
ument's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective time, at 12:01 a.s s filed.	m. on the earlier of: (b) The 90th day after	the
, March 24th 2020		
ed Water 24th		
// ///		
Signature of a member or authorized representa		

T2111 T2 #055.04